

## **MEM – Member Complaints**

### **Purpose:**

This procedure explains how Member Services handles Member Complaints. There are two types of complaints: Complaints against providers and Complaints against Member Services.

### **Identification of Roles:**

Customer Service Representatives (CSR)  
Unit Lead (UL)  
Operations Manager (OM)  
Project Manager (PM)  
Unit Manager (UM)

### **Performance Standards:**

Member Services is required to answer 80% of all calls within 30 seconds.

### **Path of Business Procedure:**

Step 1: Calls are routed by an Automated Call Distributor (ACD) into an enrollment queue and answered by the next available CSR.

Step 2: CSR access the member's file and will verify that the caller is Health Insurance Portability and Accountability Act of 1996 (HIPPA) authorized to obtain information and make changes to the member's file.

- a. Verify the person calling is listed as the member, the case name or the name in Social Services Number information (SSNI).
- b. Verify the mailing address on file.
- c. Request the caller's current phone number.

Step 3: CSR will determine the caller wants to make a complaint. CSR will then determine if the complaint is against a provider or against Member Services.

- a. If the complaint is against the provider, CSR will give the information in the Member Services Reference Manual, Complaints Against Providers procedure.
- b. If the complaint is against Member Services, CSR will take a supervisor callback using the Supervisor Callback procedure in the Member Services Reference Manual.

Step 4: The Unit Lead will return the call to the member to discuss the complaint.

- a. If the Unit Lead is able to resolve the issue, Unit Lead will note the contact log and complete the call.

- b. If the Unit Lead is unable to resolve the issue, the complaint will be forwarded to the Operations Manager.

Step 5: The Operations Manager will return the call to the member to discuss the complaint.

- a. If the Operations Manager is able to resolve the issue, Operations Manager will note the contact log and complete the call.
- b. If the Operations Manager is unable to resolve the issue, the complaint will be forwarded to the Project Manager.

Step 6: The Project Manager will return the call to the member to discuss the complaint.

- a. If the Project Manager is able to resolve the issue, Project Manager will note the contact log and complete the call.
- b. If the Project Manager is unable to resolve the issue, the complaint will be forwarded to the Unit Manager.

Step 7: Unit Manager will follow state policies if the complaint has not been resolved.

**Forms/Reports:**

None

**RFP References:**

6.5.1 Managed Health Care Enrollment Broker

**Interfaces:**

MMIS RECIPIENT ELIGIBILITY SUBSYSTEM  
OnBase Workview

**Attachments:**

None